

550

ECFHELPDESK/CAND/09/US

COURTS

08/04/2008 02:33 PM

To CAND IntakeSF/CAND/09/USCOURTS@USCOURTS,  
Rufino Santos/CAND/09/USCOURTS@USCOURTS, Cheri  
Borromeo/CAND/09/USCOURTS@USCOURTS

cc

bcc

Subject Fw: Case ready for transfer

Begin File Transmission (Court: California Central; Case: 2:08-cv-04618)  
Data transfer status message is: OK.

File Transmission Complete ...

Begin File Preparation ...

File Preparation Complete ...

Transferred data ready for case opening.

Thank you,

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ECF TIP:

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cacd\_ecfmail@cacd.uscourt  
s.gov

08/04/2008 12:36 PM

To ecfhelpdesk@cand.uscourts.gov

cc

Subject Case ready for transfer

CASE: 2:08-cv-04618

Title : John Good v. Borroso et al

NOS : 550 (Prisoner: Civil Rights)

Cause : 28:1331fp (28:1331 Forma Pauperis Denial)

Remarks: Transferred case to the Northern District of California

REASON: Case is ready for transfer from UNITED STATES DISTRICT COURT, CENTRAL DISTRICT OF CALIFORNIA.

DETAILS: Copy and paste this URL into the Prepare Transferred Case program.

[//ecf.cacd.circ9.dcn/cgi-bin/TransferDataFile.pl?file=../cand/cacd\\_208cv04618\\_tar.gz&checkSum=44726&fileSize=1436505](http://ecf.cacd.circ9.dcn/cgi-bin/TransferDataFile.pl?file=../cand/cacd_208cv04618_tar.gz&checkSum=44726&fileSize=1436505)

FILED  
AUG 5 2008  
RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

CV 08 3744

E-filing PJH  
(PR)

008-3744 PJH

194, CLOSED, TRANSFERRED

**UNITED STATES DISTRICT COURT, CENTRAL DISTRICT OF CALIFORNIA  
(Western Division - Los Angeles)  
CIVIL DOCKET FOR CASE #: 2:08-cv-04618-UA-MLG**

John Good v. Borroso et al  
Assigned to: Judge Unassigned  
Referred to: Magistrate Judge Marc L. Goldman  
Cause: 28:1331 Forma Pauperis Denial

Date Filed: 07/15/2008  
Date Terminated: 07/16/2008  
Jury Demand: None  
Nature of Suit: 550 Prisoner: Civil  
Rights  
Jurisdiction: Federal Question

**Plaintiff****John Good**

represented by **John Good**  
CDC T-82633  
P O Box 1050  
Soledad, CA 93960  
PRO SE

V.

**Defendant****Borroso****Defendant****RN Mike Barker****Defendant****Dr. Robert Bowman**

Date Filed	#	Docket Text
07/15/2008	2	LODGED COMPLAINT forwarded to Magistrate Judge Marc L. Goldman. Complaint sought to be filed by Plaintiff John Good. (ghap) (rla). (Entered: 07/17/2008)
07/15/2008	1	APPLICATION TO PROCEED IN FORMA PAUPERIS BY A PRISONER, filed by Plaintiff John Good. (Attachments: # 1 Lodged face page of Complaint and Civil Cover Sheet)(ghap) (Additional attachment(s) added on 7/29/2008: # 2 LODGED COMPLAINT) (rla). (Additional attachment(s) added on 7/29/2008: # 3 envelope) (rla). (Entered: 07/17/2008)
07/16/2008	4	MEMORANDUM AND ORDER by Magistrate Judge Marc L. Goldman

		transferring CIVIL RIGHTS ACTION to the NORTHERN DISTRICT OF CALIFORNIA. (MD JS-6. Case Terminated.) (rla) (Entered: 08/04/2008)
08/01/2008		DOCUMENT Numbers 3 and 4, Application to Proceed Informa Pauperis deleted for the following reason: Duplicate docket entries of document Number 1.(nhac) (Entered: 08/01/2008)
08/04/2008	<u>3</u>	NOTICE OF CLERICAL ERROR: 1.) During the intial docketing of Lodged Complaint 2 the docket entry received a document # in error. The document image has been deleted and the document number 2 remains. A copy of the Lodged Complaint is an attachment to the Application to Proceed in Forma Pauperis 1 ; 2.) Two Applications to Proceed in Forma Pauperis [3 & 4] were duplicate entries of Application to Proceed In Forma Pauperis 1 and have been deleted. (rla) Modified on 8/4/2008 (rla). (Entered: 08/04/2008)
08/04/2008	<u>5</u>	ELECTRONIC TRANSMITTAL of documents to the Northern District of California (rla) (Entered: 08/04/2008)

<b>PACER Service Center</b>			
<b>Transaction Receipt</b>			
08/05/2008 08:23:20			
<b>PACER Login:</b>	us4077	<b>Client Code:</b>	
<b>Description:</b>	Docket Report	<b>Search Criteria:</b>	2:08-cv-04618-UA-MLG End date: 8/5/2008
<b>Billable Pages:</b>	2	<b>Cost:</b>	0.16

RECEIVED  
CLERK'S DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA

JUL - 9 2008

IN THE UNITED STATES DISTRICT COURT  
FOR THE CENTRAL DISTRICT OF CALIFORNIA

John Good T82633  
 (Name of Plaintiff)  
E.I. 88 PO Box 1050

CV08-4618 : (MLG)

(Case Number)

(Address of Plaintiff)  
SOLEDAD CA 93960

vs.

COMPLAINT

% BORROSORN MIKE BARKERDR Robert Bowman

(Names of Defendants)

## I. Previous Lawsuits:

A. Have you brought any other lawsuits while a prisoner:  Yes  NoB. If your answer to A is yes, how many: 2 Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.)

## 1. Parties to this previous lawsuit:

Plaintiff John GoodDefendants CALIF DEPT OF CORRECTIONS % BORROSO  
RN MIKE BARKER DR ROBERT BOWMANFORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

Rev'd 5/96

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LAWYER

2008 JUL 15 PM 1:02

CENTRAL DISTRICT OF CALIFORNIA  
U.S. ATTORNEY'S OFFICE  
MAILING ADDRESS  
1000 RAYBURN DRIVE  
SUITE 1000  
AUSTIN, TEXAS 78701-3496COPIER #00426  
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S 44  
Rev. 07/69)

## CIVIL COVER SHEET

he JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

## (a) PLAINTIFFS

JOHN GOOD T82633  
PO Box 1050 SOLEDAD CA 93960  
SILINAS VALLEY STATE PRISON

DEFENDANTS CALIF DEPT OF CORRECTIONS  
C/B BORROSO, RN MIKE BARKER  
MD ROBERT BOWMAN PO BOX 1050  
SOLEDAD CA 93960

b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF \_\_\_\_\_  
(EXCEPT IN U.S. PLAINTIFF CASES)

SAN BERNARDINO CALIF

COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT \_\_\_\_\_  
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE  
TRACT OF LAND INVOLVED

c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)  
IN PRO PER

ATTORNEYS (IF KNOWN)

## I. BASIS OF JURISDICTION (PLACE AN X IN ONE BOX ONLY)

1 U.S. Government Plaintiff

3 Federal Question  
(U.S. Government Not a Party)

2 U.S. Government Defendant

4 Diversity  
(Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN X IN ONE BOX ONLY)

FOR PLAINTIFF AND ONE BOX FOR DEFENDANT

Citizen of This State

PTF DEF  
 1  1

Incorporated or Principal Place of Business in This State

PTF DEF  
 4  4

Citizen of Another State

PTF DEF  
 2  2

Incorporated and Principal Place of Business in Another State

PTF DEF  
 5  5

Citizen or Subject of a Foreign Country

PTF DEF  
 3  3

Foreign Nation

PTF DEF  
 6  6

IV. CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE. USING 42 U.S.C. § 1983  
DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY)  
VIOLATION OF FEDERAL LAW UNITED STATES CONSTITUTION  
("Eighth Amendment" PROTECTION AGAINST CRUEL AND UNUSUAL PUNISHMENT AND  
LACK OF ADEQUATE MEDICAL CARE)

## V. NATURE OF SUIT (PLACE AN X IN ONE BOX ONLY)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance	<input type="checkbox"/> PERSONAL INJURY	<input type="checkbox"/> PERSONAL INJURY	<input type="checkbox"/> 422 Appeal 28 USC 158	<input type="checkbox"/> 400 State Reapportionment
120 Homicide	<input type="checkbox"/> 310 Airplane Product Liability	<input checked="" type="checkbox"/> 362 Personal Injury— Malpractice	<input type="checkbox"/> 423 Withdrawal 28 USC 157	<input type="checkbox"/> 410 Antitrust
130 Motor Acc.	<input type="checkbox"/> 315 Product Liability	<input type="checkbox"/> 365 Personal Injury— Product Liability		<input type="checkbox"/> 430 Bank and Banking
140 Negotiable Instrument	<input type="checkbox"/> 320 Assault, Libel & Slander	<input type="checkbox"/> 368 Asbestos Personal Injury Product Liability		<input type="checkbox"/> 450 Commerce/ICC Rates/etc
150 Recovery of Overpayment & Enforcement of Judgment	<input type="checkbox"/> 330 Federal Employers' Liability	<input type="checkbox"/> 370 Other Fraud		<input type="checkbox"/> 460 Deportation
<input type="checkbox"/> 151 Medicare Act	<input type="checkbox"/> 340 Marine Product Liability	<input type="checkbox"/> 371 Truth in Lending		<input type="checkbox"/> 470 Recipient Influenced and Control Organizations
<input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans)	<input type="checkbox"/> 345 Marine Product Liability	<input type="checkbox"/> 380 Other Personal Property Damage	<input type="checkbox"/> 810 Selective Service	
<input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits	<input type="checkbox"/> 350 Motor Vehicle Product Liability	<input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 850 Securities/Commodities Exchange	
<input type="checkbox"/> 160 Stockholders Suits	<input type="checkbox"/> 355 Motor Vehicle Product Liability		<input type="checkbox"/> 875 Customer Challenge 12 USC 3410	
<input type="checkbox"/> 190 Other Contract	<input type="checkbox"/> 360 Other Personal Injury		<input type="checkbox"/> 881 Agricultural Acts	
<input type="checkbox"/> 195 Contract Product Liability			<input type="checkbox"/> 882 Economic Stabilization Act	
REAL PROPERTY	CIVIL RIGHTS	PRISONER PETITIONS	FEDERAL TAX SUITS	<input type="checkbox"/> 883 Environmental Matters
<input type="checkbox"/> 210 Land Condemnation	<input type="checkbox"/> 441 Voting	<input type="checkbox"/> 810 Motions to Vacate Sentence Habeas Corpus	<input type="checkbox"/> 884 Energy Allocation Act	
<input type="checkbox"/> 220 Foreclosure	<input type="checkbox"/> 442 Employment	<input type="checkbox"/> 812 Other Labor Unions	<input type="checkbox"/> 885 Freedom of Information Act	
<input type="checkbox"/> 230 Rent Lease & Ejectment	<input type="checkbox"/> 443 Housing/ Accommodations	<input type="checkbox"/> 813 General	<input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice	
<input type="checkbox"/> 240 Torts to Land	<input type="checkbox"/> 444 Welfare	<input type="checkbox"/> 818 Death Penalty	<input type="checkbox"/> 950 Constitutionality of State Statutes	
<input type="checkbox"/> 245 Tort Product Liability	<input type="checkbox"/> 446 Other Civil Rights	<input type="checkbox"/> 840 Mandamus & Other	<input type="checkbox"/> 890 Other Statutory Actions	
<input type="checkbox"/> 290 All Other Real Property		<input type="checkbox"/> 850 Civil Rights		

## (PLACE AN X IN ONE BOX ONLY)

1 Original Proceeding     2 Removed from State Court     3 Remanded from Appellate Court     4 Reinstated or Reopened     5 another district (specify)     6 Multidistrict Litigation     7 Judge from Magistrate Judgment

VII. REQUESTED IN COMPLAINT: CHECK IF THIS IS A CLASS ACTION  
COMPLAINT:  UNDER F.R.C.P. 23 DEMAND \$ 800,000.00 Check YES only if demanded in complaint:  
JURY DEMAND:  YES  NO

VIII. RELATED CASE(S) (See instructions):  
IF ANY JUDGE DOCKET NUMBER

DATE 6-29-08 SIGNATURE OF ATTORNEY OF RECORD  
IN PRO PER 08-4618



4. Do you have cash or checking or savings accounts?  Yes  No

If "Yes" state the total amount: \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?  Yes  No

If "Yes" describe the property and state its value. \_\_\_\_\_

6. Do you have any other assets?  Yes  No

If "Yes" list the asset(s) and state the value of each asset listed.

7. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I hereby authorize the agency having custody of me to collect from my trust account and forward to Clerk of the United States District Court payments in accordance with 28 U.S.C. § 1915(b)(2).

I declare under penalty of perjury that the above information is true and correct.

6-29-08

DATE

SIGNATURE OF APPLICANT

#### CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 0 on account to his/her credit at

Silinas Valley State prison (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$ 0. I further certify that during the past six months the average of monthly deposits to the applicant's account was \$ 0.

(Please attach a certified copy of the applicant's trust account statement showing transactions for the past six months.)

DATE

SIGNATURE OF AUTHORIZED OFFICER

Case#2308cv006784-JAJMLGD Document#81 Filed 07/05/2008 Page#22655  
Copier#00426

1  
2 Case Number: \_\_\_\_\_  
3  
4  
5  
6  
7  
8  
9

10 CERTIFICATE OF FUNDS  
11 IN  
12 PRISONER'S ACCOUNT

13 I certify that attached hereto is a true and correct copy of the prisoner's trust account  
14 statement showing transactions of T82633 Good, John for the last six months  
15 at

16 SALINAS VALLEY STATE PRISON  
17 ACCOUNTING DEPARTMENT  
18 P.O. BOX 1020  
19 SOLEDAD, CA 93960-1020

[prisoner name]

20 where (s)he is confined.

21 [name of institution]

22 I further certify that the average deposits each month to this prisoner's account for the  
23 most recent 6-month period were \$ 0 and the average balance in the prisoner's  
24 account each month for the most recent 6-month period was \$ 0

25 Dated: 7/3/08

J. Macias

26 [Authorized officer of the institution]  
27

IRT ID: TS3030 701

REPORT DATE: 06/17/08  
PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS  
SALINAS VALLEY STATE PRISON  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

## **Salinas Valley State Prison**

FOR THE PERIOD: JAN. 01, 2008 THRU JUN. 17, 2008

## TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

**CURRENT HOLDS IN EFFECT**

CURRENT HOLDS IN EFFECT				
DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
5/21/2008	H114	COPAY FEE, MED.	2962DCOPAY	5.00
6/13/2008	H110	COPIES HOLD	3170 COPY	1.60

### TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	6.60	r 0.00

CURRENT  
AVAILABLE  
BALANCE

6.60-

Riggs

CALIFORNIA DEPARTMENT OF CORRECTIONS  
SALINAS VALLEY STATE PRISON  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JAN. 01, 2008 THRU JUL. 03, 2008

ACCOUNT NUMBER : TB2633

BED/CELL NUMBER: FEB1000000000885

ACCOUNT NAME : GOOD, JOHN CLARK

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

## TRUST ACCOUNT ACTIVITY

&lt;&lt; NO ACCOUNT ACTIVITY FOR THIS PERIOD &gt;&gt;

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	0.00	0.00



THE WITHIN INSTRUMENT IS A CORRECT  
COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE. 7/3/08  
ATTEST:  
CALIFORNIA DEPARTMENT OF CORRECTIONS  
BY K. Marcus S/SP  
TRUST OFFICE

CURRENT  
AVAILABLE  
BALANCE

0.00

Salinas Valley  
State PrisonRECEIVED  
CLERK U.S. DISTRICT COURT

JUL - 9 2008

CENTRAL DISTRICT OF CALIFORNIA

IN THE UNITED STATES DISTRICT COURT  
FOR THE CENTRAL DISTRICT OF CALIFORNIA

John Good T82633

CV08-4618

(MLG)

(Name of Plaintiff)  
E.I. 88 PO Box 1050

(Case Number)

(Address of Plaintiff)  
SOLEDAD CA 93960

vs.

COMPLAINT

% BORROSO

RN MIKE BARKER

DR Robert Bowman

(Names of Defendants)

## I. Previous Lawsuits:

A. Have you brought any other lawsuits while a prisoner:  Yes  NoB. If your answer to A is yes, how many: 2 Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.)

## 1. Parties to this previous lawsuit:

Plaintiff John Good

Defendants Calif Dept of Corrections % BORROSO  
RN MIKE BARKER DR ROBERT BOWMAN

2008 JUL 15 PM 1:02

CENTRAL DISTRICT COURT  
CLERK'S OFFICE  
LOS ANGELESFORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

Rev'd 5/96

LUGGED

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COPIER #00426

S 44  
Rev. 07/89

## CIVIL COVER SHEET

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## (a) PLAINTIFFS

John Good T82633  
PO Box 1050 Soledad CA 93960  
SILINAS VALLEY STATE PRISON

DEFENDANTS Calif Dept of Corrections  
C/O BORROSO, RN MIKE BARKER  
MD ROBERT BOWMAN PO BOX 1050  
Soledad CA 93960

b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF \_\_\_\_\_  
(EXCEPT IN U.S. PLAINTIFF CASES)

SAN BERNARDINO CALIF

COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT \_\_\_\_\_  
(IN U.S. PLAINTIFF CASES ONLY)  
NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE  
TRACT OF LAND INVOLVED

c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

IN PRO PER

ATTORNEYS (IF KNOWN)

## I. BASIS OF JURISDICTION

(PLACE AN X IN ONE BOX ONLY)

- 1 U.S. Government Plaintiff  
 2 U.S. Government Defendant  
 3 Federal Question (U.S. Government Not a Party)  
 4 Diversity (Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES

(For Diversity Cases Only)

(PLACE AN X IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT)

	PTF	DEF	PTF	DEF
Citizen of This State	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 1	Incorporated or Principal Place of Business in This State	<input type="checkbox"/> 4 <input checked="" type="checkbox"/> 4
Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business in Another State	<input type="checkbox"/> 5 <input type="checkbox"/> 5
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6 <input type="checkbox"/> 6

IV. CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE)  
DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY) USING 42 U.S.C. § 1983  
VIOLATION OF FEDERAL LAW UNITED STATES CONSTITUTION  
("Eighth Amendment" PROTECTION AGAINST CRUEL AND UNUSUAL PUNISHMENT AND  
LACK OF ADEQUATE MEDICAL CARE)

## V. NATURE OF SUIT (PLACE AN X IN ONE BOX ONLY)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Delinquent Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability	<input type="checkbox"/> PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury	<input type="checkbox"/> PERSONAL INJURY <input type="checkbox"/> 362 Personal Injury—Med Malpractice <input type="checkbox"/> 365 Personal Injury—Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R & R Truck <input type="checkbox"/> 650 Airline Regs <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157
<input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<input type="checkbox"/> REAL PROPERTY <input type="checkbox"/> CIVIL RIGHTS <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/ Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 446 Other Civil Rights	<input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> PROPERTY RIGHTS <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc Security Act	<input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark
	<input type="checkbox"/> PRISONER PETITIONS <input type="checkbox"/> 510 Motions to Vacate Sentence Habeas Corpus: <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights		<input type="checkbox"/> LABOR <input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc Security Act	<input type="checkbox"/> 861 HIA (13954) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 OHWC/DWMC (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))
			<input type="checkbox"/> FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes <input checked="" type="checkbox"/> 850 Other Statutory Actions

## VI. ORIGIN

(PLACE AN X IN ONE BOX ONLY)

- 1 Original Proceeding  2 Removed from State Court  3 Remanded from Appellate Court  4 Reinstated or Reopened  5 Transferred from another district (specify)  6 Multidistrict Litigation  7 Judge from Magistrate Judgment

VII. REQUESTED IN COMPLAINT: CHECK IF THIS IS A CLASS ACTION  YES  NO  
COMPLAINT:  UNDER F.R.C.P. 23 DEMAND \$800,000.00 Check YES only if demanded in complaint:  
JURY DEMAND:  YES  NO

VIII. RELATED CASE(S) (See instructions):  
IF ANY JUDGE \_\_\_\_\_ DOCKET NUMBER \_\_\_\_\_

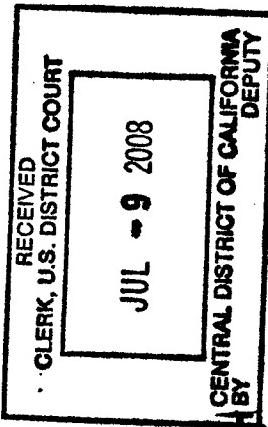
DATE SIGNATURE OF ATTORNEY OF RECORD

6-29-08

IN PRO PER

08-4618

Copies



IN THE UNITED STATES DISTRICT COURT  
FOR THE CENTRAL DISTRICT OF CALIFORNIA

John Good T82633

CV 08-4618

(MLG)

(Case Number)

E.I. 88 PO Box 1050

SOLEDAD CA 93960

vs.

COMPLAINT

% BORROSO

RN MIKE BARKER

DR. ROBERT BOWMAN

(Names of Defendants)

I. Previous Lawsuits:

A. Have you brought any other lawsuits while a prisoner:  Yes  No

B. If your answer to A is yes, how many?: 2 Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff John Good

Defendants CALIF DEPT OF CORRECTIONS

Salinas Valley  
State Prison

Salinas Valley  
State Prison

8:00 AM JUL 15 PM 1:02

U.S. DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA  
RECEIVED  
CLERK, U.S. DISTRICT COURT  
BY

JUL - 9 2008

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

Copy  
Copy

Rev'd 5/96

2. Court (if Federal Court, give name of District; if State Court, give name of County)

Los Angeles Calif., Civil suit

3. Docket Number \_\_\_\_\_ ?

4. Name of judge to whom case was assigned \_\_\_\_\_ ?

5. Disposition (For example: Was the case dismissed? Was it appealed? Is it still pending?)

PENDING

6. Approximate date of filing lawsuit 6-11-08

7. Approximate date of disposition \_\_\_\_\_ ?

## II. Exhaustion of Administrative Remedies

A. Is there a grievance procedure available at your institution?  Yes  No

B. Have you filed a grievance concerning the facts relating to this complaint?

Yes

No

If your answer is no, explain why not \_\_\_\_\_

C. Is the grievance process completed?  Yes  No

## III. Defendants

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item B for the names, positions and places of employment of any additional defendants.)

A. Defendant % BORRASSO is employed as CORRECTIONAL  
Officer at SILINAS VALLEY STATE PRISON

B. Additional defendants RN MIKE BARKER Registered NURSE  
SILINAS VALLEY STATE PRISON PO Box 1050 Soledad CA 93960

MD Robert Bowman Doctor SILINAS VALLEY STATE PRISON  
PO Box 1050 Soledad CA 93960

EXEMPTED AT STATE EXPENSE  
COPIER #00426

#### IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)

① ON 3-4-08 I WAS HOUSED IN A UPPER BUNK ② ON 4-7-08 I FELL BACKWARDS AND HIT MY HEAD, NECK BACK. ③ ON 4-7-08 I WENT INTO MEDICAL WITH SYMPTOMS I TOLD SG BORROSO AND RN MIKE BARKER THAT FELT LIKE A STROKE ④ SG BORROSO TOLD ME TO FILL OUT A MEDICAL REQUEST AND WAIT MY TURN LIKE EVERYONE ELSE ⑤ RN MIKE BARKER STATED IT WAS PROBABLY A PINCHED NERVE TO HANG UPSIDE DOWN FROM THE PULL UP BARS IT WOULD FIX IT ⑥ I WENT INTO MEDICAL EVERY DAY FOR 10 DAYS BEFORE I SEEN DOCTOR ⑦ ON THE 2<sup>ND</sup> DAY I WENT INTO MEDICAL TO SEE THE DR. SG BORROSO SAID WAIT YOUR TURN AND IF I DIDN'T LIKE IT HE SG BORROSO STAMPED A 60Z ON HIS SG BORROSO DESK AND STATED YOUR THE 60Z KING 60Z IT YOU 60Z EVERYTHING ELSE AND I STILL DID NOT GET TO SEE THE DR V. RELIEF.

CONTINUE SEE ATTACHMENT 1

(State briefly exactly what you want the court to do for you. Make no legal arguments.  
no cases or statutes.)

① COMPENSATORY DAMAGES TO PAY FOR ALL SURGERYS AND AFTER CARE BECAUSE CDCR STAFF WAS NEGLECTFUL BY PUTTING ME IN AN UPPER BUNK WHICH CAUSED THE ACCIDENT TO MY INJURYS AND PAIN AND SUFFERING WHICH IS CRUEL AND UNUSUAL BECAUSE THEY REFUSE ME THE SURGERY I NEED TO NOT BE IN PAIN ② PUNITIVE DAMAGES BECAUSE THE DEFENDENTS ACTED WITH EVIL MOTIVES OR INTENT BY NOT LETTING ME SEE THE DOCTOR FOR 10 DAYS AFTER I HAD THE FALL WHICH WAS RECKLESS OR CALLOUS INDIFFERENCE VIOLATING MY EIGHT AMENDMENT TO ADEQUATE MEDICAL ATTENTION

Signed this 29 day of JUNE, ~~in~~ 2008

John Good  
(Signature of)

(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

6-29-08  
(Date)

John Good  
(Signature of P)

(Signature of Plaintiff)

**Salinas Valley  
State Prison**

- ⑧ Since CDCR here at Salinas Valley State prison has denied me the surgery to which damage to my C-spine C-5 through C7 my symptoms have grown worse.
- ⑨ Dr. Sherer at Monterey Community hospital of Monterey said with the surgery it would relieve the pressure on my C-spine, and it would relieve the pain I feel.
- ⑩ My pain level is Beyond A#10 in the pain scale.
- ⑪ I feel CDCR was responsible for putting me on a top bunk, when in fact they knew I've had a seizure disorder from the 1990's.
- ⑫ CDCR has a deliberate indifference to the Dr. Sherer at the hospital because I was 70 days to parole.
- ⑬ My medical condition is serious cause its left me disabled on my right side, face, arm, leg, Neck
- ⑭ Im unable to sit upright to long, cause I see spots and black out.
- ⑮ I cant stand because I have no sence of balance
- ⑯ Since i've been here I havnt been able to get adequate medical care for my medical needs
- ⑰ Even the ADA. forms they grant. But you never receive what they grant you.
- ⑱ Inmate grievance forms 662 Dont help with your treatment either.

29

To Court Clerk

PLEASE TAKE NOTICE THAT I John Good T82633  
AM INCARCERATED HERE AT SALINAS VALLEY STATE PRISON  
PO BOX 1050 SOLEDAD CALIF 93960 UNTIL  
July 8<sup>th</sup> 2008 AFTER July 8<sup>th</sup> 2008 my  
MAILING ADDRESS WILL BE AS FOLLOWS.

John Good

201 N YUCCA AVE APT H-101

BARSTOW CALIF 92311 MESS#(760)2524194

OR (760) 221-3136

Any AND ALL MAIL AFTER July 8 2008  
PLEASE SEND TO MY BARSTOW CA. ADDRESS

IF I NEED TO SEND ANY OTHER FORMS OR  
INFORMATION PLEASE LET ME KNOW I HAVE ALL  
DOCTORS NOTE, HOSPITAL REPORTS, WHO SAID WHAT  
THE FALL IS DOCUMENTATED THE SPINAL INJURIES ARE  
NOTED ALONG WITH DISABILITYS, THE DENIGHING  
ME SURGERY CAUSE I WAS 70 DAYS TO PAROLE WAS  
DOCUMENTATED BY THE DOCTORS EVEN THE 10 DAYS  
IT TOOK TO GET TO DOCTOR IS ALL IN MY MEDICAL FILE  
TO WHICH I HAVE COPIYS SO ANY THING YOU  
NEED AS PROOF PLEASE LET ME KNOW

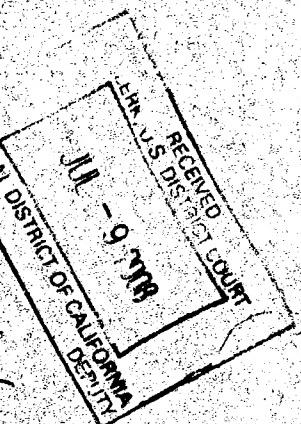
Salinas Valley  
State Prison

COPY  
COPY

08-CV-4618 (WMO)  
Case# 0808cv04618APJH LG Document 6-4 Filed 08/05/12 08:08 PM Page 1 of 1  
John Good 1 84655  
E-188 PO Box 1050  
Siskiyou Valley State Prison  
Sole DAD CA 93966

LEGAL  
MAIL

To United States District Court  
Attention: PRO SE CLERK  
Central District of California  
312 North Spring St. Room 6-9  
Los Angeles CA  
1983  
9012



UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA

v.  PLAINTIFF(S),  DEFENDANT(S),	CASE NUMBER  NOTICE OF CLERICAL ERROR
--	---

TO: U. S. District Judge(s)  
U. S. Magistrate Judge(s)  
Counsel of Record

You are hereby notified that due to a clerical error  documents associated with the filing of the new action  the following scanned document  docket entry have/has been corrected as indicated below.

Title of Scanned Document: \_\_\_\_\_

Filed Date: \_\_\_\_\_ Document Number: \_\_\_\_\_

- Incorrect case number \_\_\_\_\_ was assigned to this  action  document.
- Case number has been corrected. The correct case number is \_\_\_\_\_
- Incorrect judge's initials were indicated on this  action  document. The correct judge's initials are \_\_\_\_\_
- Incorrect magistrate judge's initials were indicated on this  action  document. The correct magistrate judge's initials are \_\_\_\_\_.
- Case has been reassigned from  Judge  Magistrate Judge \_\_\_\_\_ to  Judge  Magistrate Judge \_\_\_\_\_. The initials of the new judge(s) are \_\_\_\_\_
- Case was assigned to  Western  Southern  Eastern division. Pursuant to General Order  349,  98-3  02-06, the case has been reassigned to the  Western  Southern  Eastern division. The former case number \_\_\_\_\_ has been reassigned to new case number \_\_\_\_\_
- Subsequent documents must be filed at the  Western  Southern  Eastern division. Failure to file at the proper location will result in your documents being returned to you.
- Case title is corrected from \_\_\_\_\_ to \_\_\_\_\_
- Document has been re-numbered as document number \_\_\_\_\_
- Incorrect  Filed Date  Date of Document  ENTERED Date  DATE ENTERED ON CM/ICMS was stamped on document. The correct date is \_\_\_\_\_
- Document is missing page number(s): \_\_\_\_\_
- To ensure proper routing of documents, all documents filed with the court must reflect the following case number and judge's initials: \_\_\_\_\_
- Other: \_\_\_\_\_

CLERK, U.S. DISTRICT COURT

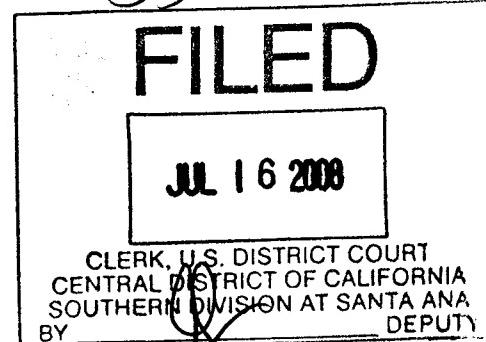
Date \_\_\_\_\_

By: \_\_\_\_\_

Deputy Clerk

*cc: Intake Supervisor / Deputy In Charge*

JS-6



UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA

JOHN GOOD, ) Case No. CV 08-4618 (MLG)

Plaintiff, ) MEMORANDUM AND ORDER  
v. ) TRANSFERRING CIVIL RIGHTS ACTION  
C/O BORROSO, et al., ) TO THE NORTHERN DISTRICT OF  
Defendants. ) CALIFORNIA

On July 15, 2008, Petitioner, a prisoner incarcerated at the Salinas Valley State Prison in Soledad, California, filed a Declaration in Support of Request to Proceed Without Prepayment of Filing Fees and lodged a civil rights complaint in this court. The named defendants are all employed at the Salinas Valley State Prison which is located within the Northern District of California and accordingly, this matter must be transferred to that district court for review of the request to proceed without prepayment of fees and for screening of the complaint.

The federal venue statute requires that a civil action not based on diversity be brought only in "(1) a judicial district where any defendant resides, if all defendants reside in the same state, (2)

1 a judicial district in which a substantial part of the events or  
2 omissions giving rise to the claim occurred, or a substantial part  
3 of the property that is the subject of the action is situated, or (3)  
4 a judicial district in which the defendants are subject to personal  
5 jurisdiction at the time the action is commenced, if there is no  
6 district in which the action may otherwise be brought." 28 U.S.C.  
7 § 1391(a).

8 As far as can be determined from the lodged complaint, the  
9 events giving rise to the cause of action occurred in Soledad,  
10 California and the alleged misconduct was committed by employees of  
11 the Salinas Valley State Prison. Thus, venue in this action lies  
12 solely in the Northern District of California.

13 Under 28 U.S.C. § 1404, a district court may transfer a civil  
14 action to any district where it might have been brought if such a  
15 transfer is for the convenience of the parties and witnesses and in  
16 the interests of justice. It is therefore ORDERED that this action  
17 be transferred to the United States District Court for the Northern  
18 District of California, San Francisco, California, and the Clerk of  
19 this Court shall effect such transfer.

20 IT IS FURTHER ORDERED that the Clerk shall serve a copy of this  
21 Order upon plaintiff.

22 Dated: July 16, 2008

23  
24  
25   
26 Marc L. Goldman  
27 United States Magistrate Judge  
28

Original

RECEIVED  
CLERK'S, DISTRICT COURT

JUL - 9 2008

CENTRAL DISTRICT OF CALIFORNIA

BY

2. Court (if Federal Court, give name of District; if State Court, give name of County)

Los Angeles Calif Civil

?

3. Docket Number \_\_\_\_\_

?

4. Name of judge to whom case was assigned \_\_\_\_\_

5. Disposition (For example: Was the case dismissed? Was it appealed? Is it still pending?)

PENDING

6. Approximate date of filing lawsuit \_\_\_\_\_

6-11-08

?

7. Approximate date of disposition \_\_\_\_\_

CCO ATTACHEMENT SHEET

## II. Exhaustion of Administrative Remedies

A. Is there a grievance procedure available at your institution?  Yes  No

B. Have you filed a grievance concerning the facts relating to this complaint?

 Yes  No

If your answer is no, explain why not \_\_\_\_\_

C. Is the grievance process completed?  Yes  No

## III. Defendants

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item B for the names, positions and places of employment of any additional defendants.)

A. Defendant SO BORROSO is employed as CORRECTIONAL  
OFFICER at SILINAS VALLEY STATE PRISONB. Additional defendants RN MIKE BARKER REGISTERED NURSE  
SILINAS VALLEY STATE PRISON PO BOX 1050 SOLEDAD CA 93960MD ROBERT BOWMAN Doctor SILINAS VALLEY STATE  
PRISON PO BOX 1050 SOLEDAD CA 93960

## IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)

① ON 3-4-08 I WAS HOUSED IN A UPPER BUNK, ② ON 4-7-08 I FELL AND HIT MY HEAD, NECK, BACK ③ ON 4-7-08 I WENT INTO MEDICAL WITH SYMPTOMS I TOLD C/BORROSO AND RN MIKE BARKER THAT FELT LIKE A STROKE ④ C/BORROSO TOLD ME TO FILL OUT A MEDICAL REQUEST AND WAIT MY TURN LIKE EVERYONE ELSE ⑤ RN MIKE BARKER STATED IT WAS PROBABLY A PINCHED NERVE TO HANG UPSIDE DOWN FROM THE PULL UP BARS IT WOULD FIX IT ⑥ I WENT INTO MEDICAL EVERY DAY FOR 10 DAYS BEFORE SEEING DOCTOR ⑦ ON THE 2<sup>ND</sup> DAY I WENT TO MEDICAL TO SEE THE DR. C/BORROSO SAID WAIT YOUR TURN LIKE EVERYONE ELSE AND SAID IF I DIDN'T LIKE IT HE GAVE BORROSO \$100 ON HIS DESK AND STATED YOUR THE 602 KING 602 IT YOU 602 V. RELIEF. EVERYTHING ELSE CONTINUE ATTACHMENT 1

(State briefly exactly what you want the court to do for you. Make no legal arguments, no cases or statutes.)

COMPENSATORY DAMAGES TO PAY FOR ALL SURGERYS AND AFTER CARE BECAUSE CDCR STAFF WAS NEGLECTFUL BY PUTTING ME IN AN UPPER BUNK WHICH CAUSED THE ACCIDENT TO MY INJURYS AND PAIN AND SUFFERING WHICH IS CRUEL AND UNUSUAL, BECAUSE THEY REFUSE ME THE SURGERY I NEED ② PUNITIVE DAMAGES BECAUSE THE DEFENDENTS ACTED WITH EVIL MOTIVE OR INTENT BY NOT LETTING ME SEE THE DOCTOR FOR 10 DAYS AFTER I HAD A FALL WHICH WAS RECKLESS OR CALLOUS INDIFFERENCE VIOLATING MY EIGHTH AMENDMENT TO ADEQUATE MEDICAL ATTENTION

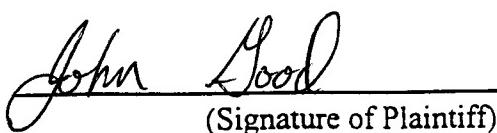
Signed this 29 day of JUNE, 2008



John Good  
(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

6-29-08  
(Date)



John Good  
(Signature of Plaintiff)

FACT'S  
SHEETAttachment 1  
Salinas Valley  
State Prison

- (8) SENCE KDCR HERE AT SALINAS VALLEY STATE PRISON HAS DENIED ME THE SURGERY TO WHICH DAMAGED MY C-SPINE C-5 THREW C-7 MY SYMPTOMS HAVE GROWN WORSE.
- (9) DR SHERER AT MONTEREY COMMUNITY HOSPITAL OF MONTEREY SAID WITH THE SURGERY IT WOULD RELIEVE THE PRESSURE ON MY C-SPINE AND IT WOULD RELIEVE THE PAIN I FEEL.
- (10) MY PAIN LEVEL IS BEYOND A # 10 IN THE PAIN SCALE.
- (11) I FEEL CDCR WAS RESPONSIBLE FOR PUTTING ME ON A TOP BUNK WHEN IN FACT THEY KNEW I'VE HAD A SEIZURE DISORDER FROM THE 1990'S.
- (12) CDCR HAS A DELIBERATE INDIFFERENCE TO DR SHERER AT THE HOSPITAL BECAUSE I WAS TO PAROLE IN 70 DAYS.
- (13) MY MEDICAL CONDITION IS SERIOUS CAUSE ITS LEFT ME DISABLED ON MY RIGHT SIDE FACE ARM, LEG, NECK.
- (14) I'M UNABLE TO SIT UP RIGHT TO LONG CAUSE I SEE SPOTS AND BLACK OUT.
- (15) I CAN NOT STAND BECAUSE I HAVE NO SENSE OF BALANCE.
- (16) SENCE I'VE BEEN HERE AT SVSP I HAVENT BEEN ABLE TO GET ADEQUATE MEDICAL CARE FOR MY MEDICAL NEEDS.
- (17) EVE ADA FORMS THEY GRANT BUT YOU NEVER RECEIVE WHAT THEY GRANT YOU.
- (18) INMATE GRIEVANCE FORMS 602 DONT HELP WITH THE TREATMENT YOU NEED.

To Court Clerk

Salinas Valley  
State Prison

PLEASE TAKE NOTICE THAT I John Good T82633  
AM INCARCERATED HERE AT SALINAS VALLEY STATE PRISON  
PO BOX 1050 SOLEDAD CALIF 93960 UNTIL  
JULY 8<sup>TH</sup> 2008 AFTER JULY 8<sup>TH</sup> 2008 MY  
MAILING ADDRESS WILL BE AS FOLLOWS.

John Good

201<sup>N</sup> YUCCA AVE APT H-101  
BARSTOW CALIF 92311 MESS # (760) 252 4194

OR (760) 221-3136

ANY AND ALL MAIL AFTER JULY 8 2008  
PLEASE SEND TO MY BARSTOW CA. ADDRESS

IF I NEED TO SEND ANY OTHER FORMS OR  
INFORMATION PLEASE LET ME KNOW I HAVE ALL  
DOCTORS NOTE, HOSPITAL REPORTS, WHO SAID WHAT  
THE FALL IS DOCUMENTED THE SPINAL INJURIES ARE  
NOTED ALONG WITH DISABILITY'S, THE DENIGHING  
ME SURGERY CAUSE I WAS 70 DAYS TO PAROLE WAS  
DOCUMENTED BY THE DOCTORS EVEN THE 10 DAYS  
IT TOOK TO GET TO DOCTOR IS ALL IN MY MEDICAL FILE  
TO WHICH I HAVE COPY'S SO ANY THING YOU  
NEED AS PROOF PLEASE LET ME KNOW

Salinas Valley  
State Prison

JS 44  
(Rev. 07/89)

## CIVIL COVER SHEET

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

## (a) PLAINTIFFS

John Good T82633  
PO Box 1050 Soledad CA 93960  
SILINAS VALLEY STATE PRISON

DEFENDANTS Calif Dept of CORRECTIONS  
C/BORROSO, RN MIKE BARKER  
MD ROBERT BOWMAN PO Box 1050  
Soledad CA 93960

(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF  
(EXCEPT IN U.S. PLAINTIFF CASES)

SAN BERNARDINO CALIF

COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT  
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED

## (c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

IN PRO PER

## ATTORNEYS (IF KNOWN)

## II. BASIS OF JURISDICTION

(PLACE AN X IN ONE BOX ONLY)

1 U.S. Government Plaintiff  
 2 U.S. Government Defendant

- 3 Federal Question  
(U.S. Government Not a Party)  
 4 Diversity  
(Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES

(PLACE AN X IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT)

	PTF	DEF	PTF	DEF
Citizen of This State	<input type="checkbox"/> 1	X 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> 4 X 4
Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5 <input type="checkbox"/> 5
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6 <input type="checkbox"/> 6

## IV. CAUSE OF ACTION

(CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE. USING 42 U.S.C. § 1983  
DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY) VIOLATION OF FEDERAL LAW UNITED STATES' CONSTITUTION  
(Eighth Amendment) PROTECTION AGAINST CRUEL AND UNUSUAL PUNISHMENT AND  
LACK OF ADEQUATE MEDICAL CARE

## V. NATURE OF SUIT (PLACE AN X IN ONE BOX ONLY)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Manne <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veterans' Benefits <input type="checkbox"/> 160 Stockholders Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability	<input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers Liability <input type="checkbox"/> 340 Manne <input type="checkbox"/> 345 Manne Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury	<input type="checkbox"/> 362 Personal Injury - Med Malpractice <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R & Truck <input type="checkbox"/> 650 Airline Regs <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157
REAL PROPERTY	<input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/ Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 440 Other Civil Rights	<input type="checkbox"/> 510 Motions to Vacate Sentence Habeas Corpus: <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights	<input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark
	<input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/ Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 440 Other Civil Rights	<input type="checkbox"/> 510 Motions to Vacate Sentence Habeas Corpus: <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights	<input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="checkbox"/> 851 HIA (1395f) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSI/O Title XVI <input type="checkbox"/> 865 RSI (405(g))
				<input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS - Third Party 26 USC 7609

## VI. ORIGIN

(PLACE AN X IN ONE BOX ONLY)

- 1 Original Proceeding  2 Removed from State Court  3 Remanded from Appellate Court  4 Reinstated or Reopened  5 Transferred from another district (specify)  6 Multidistrict Litigation  7 Appeal to District Judge from Magistrate Judgment

VII. REQUESTED IN COMPLAINT: CHECK IF THIS IS A CLASS ACTION  
COMPLAINT:  UNDER F.R.C.P. 23

DEMAND \$800,000.00 Check YES only if demanded in complaint:  
JURY DEMAND:  YES  NO

VIII. RELATED CASE(S) (See instructions):  
IF ANY

JUDGE \_\_\_\_\_ DOCKET NUMBER \_\_\_\_\_

DATE

6-29-08

SIGNATURE OF ATTORNEY OF RECORD

IN PRO PER

08-4618



**UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA  
WESTERN DIVISION**

312 North Spring Street, Room G-8  
Los Angeles, CA 90012  
Tel: (213) 894-3535

**SOUTHERN DIVISION**  
411 West Fourth Street, Suite 1053  
Santa Ana, CA 92701-4516  
(714) 338-4750

**EASTERN DIVISION**  
3470 Twelfth Street, Room 134  
Riverside, CA 92501  
(951) 328-4450

**SHERRI R. CARTER**  
District Court Executive and  
Clerk of Court

**To:** Clerk, United States District Court  
\_\_\_\_\_  
District of \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Re:** Transfer of our Civil Case No. \_\_\_\_\_  
Case Title: \_\_\_\_\_

Dear Sir/Madam:

**An order having been made transferring the above-numbered case to your district, we are transmitting herewith our file:**

- Original case file documents are enclosed in paper format.
- Electronic Documents are accessible through Pacer.
- Other: \_\_\_\_\_  
\_\_\_\_\_

Very truly yours,

Clerk, U.S. District Court

Date: \_\_\_\_\_ By \_\_\_\_\_  
Deputy Clerk

cc: All counsel of record

**TO BE COMPLETED BY RECEIVING DISTRICT**

**Please acknowledge receipt via e-mail to appropriate address listed below and provide the case number assigned in your district:**

- [CivilIntakecourtdocs-LA@cacd.uscourts.gov](mailto:CivilIntakecourtdocs-LA@cacd.uscourts.gov) (Los Angeles Office)
- [CivilIntakecourtdocs-RS@cacd.uscourts.gov](mailto:CivilIntakecourtdocs-RS@cacd.uscourts.gov) (Riverside Office)
- [CivilIntakecourtdocs-SA@cacd.uscourts.gov](mailto:CivilIntakecourtdocs-SA@cacd.uscourts.gov) (Santa Ana Office)

Case Number: \_\_\_\_\_

Clerk, U.S. District Court

Date: \_\_\_\_\_ By \_\_\_\_\_  
Deputy Clerk